

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FEE COMPUTED				
						09/763216					
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.
1	/						51				
2	/						52				
3	/						53				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	8						TOTAL IND.				
TOTAL DEP.	12	↔		↔		↔	TOTAL DEP.	↔		↔	↔
TOTAL CLAIMS	2	[REDACTED]		[REDACTED]		[REDACTED]	TOTAL CLAIMS	[REDACTED]		[REDACTED]	[REDACTED]